



STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mailing address - documentation only
1100 West 49th Street
Austin, Texas 78756-3183
Phone: (512) 834-6627
Fax: (512) 834-6677
E-mail: speech@tdh.state.tx.us

Physical Address
Mail not delivered to this address
8407 Wall Street, S-420
Austin, Texas 78754

Mailing address - documentation
accompanied by a fee (include budget
and fund as noted above)
P.O. Box 12197
Capitol Station
Austin, Texas 78711-2197

REQUEST TO CHANGE NAME FORM

Board rules, 22 T.A.C., §741.161(f): A request to change the name currently on record must be submitted in writing with a copy of a divorce decree, marriage certificate, or social security card showing the new name.

You have requested a name change but did not submit proof; therefore, the change has not been made.

If you still wish the change, submit the appropriate documentation.

If you require a duplicate license or registration, a \$10.00 fee is required for each license or registration requested. Submit the request with this page (the budget and fund number are critical), proof of name change and fee to the following address:

State Board of Examiners for Speech-
Language Pathology and Audiology
Texas Department of Health
P.O. Box 12197, Capitol Station
Austin, Texas 78711-2197

Please print or type the name as changed: _____

Social security number: _____

License or registration number: _____

If your address, phone number and/or employer have changed, include the current information below
(include area code and zip code):



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